

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

P/575492

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4				1		
5						1
6				2		
7				2		
8				3		
9			1			
10				1		
11				2		
12				2		
13				2		
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21				2		
22				2		
23				2		
24				2		
25			1			
26			1			
27				2		
28				2		
29				2		
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31			1			
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49						
50						
TOTAL IND.		↓	15	↓		↓
TOTAL DEP.		←	61	←		←
TOTAL CLAIMS			76			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						